

# State of Louisiana

## All Employees

Basic Term Life Insurance

Basic plus Supplemental Term Life Insurance

Accidental Death and Dismemberment Insurance

Dependent Term Life Insurance

The Prudential Insurance Company of America

IFS-A091258

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# Help Protect the Ones You Love

Life is full of pleasant surprises and, at the same time, life holds many uncertainties. It's easier to plan for happy events you know will occur, such as buying a home, paying for a wedding, or saving for college tuition costs. It's more difficult to plan for the unexpected—a serious accident or death.

For these times, it's important that you have enough life insurance coverage for you and your family. Your current life insurance plans may not offer enough protection.

Together with your employer, The Prudential Insurance Company of America offers you the opportunity to purchase additional term life insurance, which can help further safeguard your earnings and cover your financial obligations in the event of your death.

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## Our voluntary group term life plans offer:

- ✓ Choice of Coverage—You have the opportunity to obtain additional life insurance protection and to choose the level of coverage that's right for you.
- ✓ Guaranteed Coverage—You can obtain coverage under most of our plans without providing any medical information when you enroll within a specified period.
- ✓ Economical Group Rates—Our plan is available to you at group rates, which are competitive with individual rates.
- ✓ Convenient Payroll Deduction—Your premium contributions are deducted from your paycheck, so there's no check writing or mail delays.
- ✓ Coverage Conversion—If your employment ends, your coverage may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America.
- ✓ Peace of Mind—Having a plan for the unexpected can give both you and your family peace of mind.

***Please review the information in this kit so you can make an informed decision about participating in this program.***

## Active Employee & Retiree Coverage

- ◆ **Basic Term Life:** All Employees: Coverage is available for \$5,000.
- ◆ **Basic plus Supplemental Term Life:** All Active Employees, Retirees after 1/1/1973 and Members of the Legislature of the State of Louisiana: Coverage is available for 1.5 times your covered annual earnings, up to a maximum of \$50,000.
- ◆ **Basic plus Supplemental Term Life:** All Members of Boards and Commissions: Coverage is available for \$20,000.
- ◆ **New Hires:**
  - ◆ All Active Employees and Members of the Legislature of the State of Louisiana: You may enroll in either \$5,000 or 1.5 times your covered annual earnings to a maximum of \$50,000 – no medical questions asked – when enrolling when first eligible in Basic or Basic plus Supplemental Term Life.
  - ◆ All Members of Boards and Commissions: You may enroll in either \$5,000 or \$20,000 – no medical questions asked – when enrolling when first eligible in Basic or Basic plus Supplemental Term Life.
- ◆ **Current Participants:** Your current coverage amount will be continued. Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts.(does not apply to salary increases)
- ◆ **Current Employees who were denied coverage in the past, Current Employees who waived coverage in the past or Late Entrants (did not enroll when first eligible):** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option. Refer to the plan booklet for details.
- ◆ The amount of insurance reduces to 75% at age 65 and to 50% at age 70. Refer to the plan booklet for details.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by The Prudential Insurance Company of America or portability is provided for Basic and Supplemental Active Life.

## Basic & Basic plus Supplemental Accidental Death & Dismemberment Insurance AD&D 50% Employee Paid

- ◆ **Basic & Basic plus Supplemental AD&D:** you are automatically enrolled for a coverage amount equal to your Basic and Basic plus Supplemental Term Life coverage amount.
- ◆ Basic AD&D pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident -- 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic AD&D benefits are paid regardless of other coverages you may have.
- ◆ Benefits are paid at certain percentages of your coverage amount for specific accidental losses, as indicated in the chart below. Not more than 100% of your coverage amount is payable for all losses due to the same accident.

Life	100%	Paraplegia	75%
Sight in both eyes	100%	Hemiplegia	50%
Both hands or both feet	100%	One hand or one foot	50%
One hand & one foot	100%	Sight in one eye	50%
Sight in one eye & one hand or one foot	100%	Speech	50%
Speech & hearing in both ears	100%	Hearing in both ears	50%
Quadriplegia	100%	Thumb & index finger on the same hand	25%

Seat Belt Benefit—The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

Air Bag Benefit—The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

### Additional Benefits -

Loss Due to Exposure and Disappearance Benefit	Felonious Assault Benefit
Loss Due to Coma Benefit	Spouse Tuition Reimbursement Benefit
Return of Remains Benefit	Child(ren) Tuition Reimbursement Benefit
	Day Care Expense Benefit

- ◆ **AD&D exclusions**—A loss is not covered if it results from suicide or attempted suicide; intentionally self-inflicted injuries or an attempt at same; sickness; medical or surgical treatment of sickness; certain bacterial or viral infections (unless the infection was the result of an accidental injury or bacterial infection which results from the accidental ingestion of contaminated substances); act of war; certain full-time military duty; commission of, or attempt to commit a felony; legal intoxication or drug use; certain hazardous sports; certain travel or flight in a vehicle used for aerial navigation. This provision may vary by state. Refer to the plan booklet for details.

## Dependent Term Life Insurance

100% Employee Paid

- ◆ You must be enrolled in Basic or Supplemental Life to be eligible for Dependent Term Life coverage.
- ◆ Coverage is available for the following options:
  - ◆ **Basic Life**
    - ◆ Option 1: \$1,000 Spouse/ \$500 Child(ren), not to exceed 100% of your Employee Term Life.
    - ◆ Option 2: \$2,000 Spouse/ \$1,000 Child(ren), not to exceed 100% of your Employee Term Life.
  - ◆ **Basic plus Supplemental Life**
    - ◆ Option 1: \$2,000 Spouse/ \$1,000 Child(ren), not to exceed 100% of your Employee Term Life.
    - ◆ Option 2: \$4,000 Spouse/ \$2,000 Child(ren), not to exceed 100% of your Employee Term Life.

### **Spouse Coverage**

- ◆ ***New Hires:*** You may select to enroll your spouse for the options listed above, without providing evidence of insurability satisfactory to The Prudential Insurance Company of America, if you enroll your spouse when first eligible in Dependent Term Life.
- ◆ ***Current Spouse Participants:*** Your spouse's current coverage amount will be continued. Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts.
- ◆ ***Current Employees whose Spouse was denied coverage in the past, Current Employees who waived Spouse coverage in the past or Late Entrants (did not enroll when first eligible):*** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. Insurance may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your spouse's group insurance through a portability provision.

### **Child(ren) Coverage**

- ◆ Dependent Term Life coverage has one premium rate that covers all eligible children.
- ◆ No evidence of insurability satisfactory to The Prudential Insurance Company of America is required.
- ◆ Coverage begins at live birth and continues to age 26, if unmarried. Incapacitated dependents are to be covered beyond the limiting age.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. Insurance may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your child(ren)'s group insurance through a portability provision.

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For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability. Refer to the plan booklet for details.

# RATE SHEET

## State of Louisiana

Issued by The Prudential Insurance Company of America  
Rates Effective: January 1, 2013

### Basic Term Life & AD&D (Employee)\*

Coverage Amount	Monthly Cost of Insurance
Active/Retired/Members of Boards and Commissions: \$5,000	\$ 0.54 per \$1,000 of coverage (rates reflect employee portion)

### Basic Plus Supplemental Term Life & AD&D (Employee)\*

AD&D coverage will end on termination of employment or retirement at age 70.

Coverage Amount	Monthly Cost of Insurance
<b>Active/Retired:</b> 1.5 times your covered annual earnings up to a <b>maximum</b> of \$50,000	\$ .54 per \$1,000 of coverage (rates reflect employee portion)
<b>Members of Boards and Commissions:</b> \$20,000	

### Dependent Basic Term Life\*\*

Spouse and Child(ren) - (regardless of the number of children)

Coverage Amount	Monthly Cost of Insurance (rates reflect employee portion)
Option 1 – Spouse \$1,000 / Children \$500	\$ 0.98
Option 2 – Spouse \$2,000 / Children \$1,000	\$ 1.96

### Dependent Basic Plus Supplemental Term Life\*\*

Spouse & Child(ren) – (regardless of the number of children)

Coverage Amount	Monthly Cost of Insurance (rates reflect employee portion)
Option 1 – Spouse \$2,000 / Children \$1,000	\$ 1.96
Option 2 – Spouse \$4,000 / Children \$2,000	\$ 3.92

**\*50% of the cost of coverage is employee paid.**

**\*\*The entire cost of coverage is employee paid.**

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to these coverages are governed by the Certificate. Rates may be subject to change.



**Prudential**

Enrollment Form – State of Louisiana Agency # \_\_\_\_\_ Page 1 of 4  
**The Prudential Insurance Company of America**

751 Broad Street, Newark, New Jersey 07102

<b>General Information (Employee)</b>		<b>Effective Date of Coverage (for office use only)</b> ____ / ____ / ____	
Last Name	First Name	Middle Initial	Email Phone
Address		City	State Zip Code
Social Security No. ____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Date of Birth Month Day Year ____ / ____ / ____
Date Employed Month Day Year ____ / ____ / ____	Your Annual Earnings \$ _____	Spouse Date of Birth Month Day Year ____ / ____ / ____	<b>(For Prudential Use Only)</b>  <b>Control # 33624</b>
<b>Employee Term Life &amp; Accidental Death &amp; Dismemberment (AD&amp;D)</b>			
<input type="checkbox"/> Basic Term Life		<input type="checkbox"/> Basic plus Supplemental Term Life	
<b>Dependent Term Life</b>			
You must be enrolled for Employee Term Life to elect coverage for your dependents. Spouse/Child coverage cannot exceed 100% of your Employee Term Life coverage amount.			
<b>Spouse/Child: Basic Life</b> <input type="checkbox"/> Option 1: Spouse \$1,000/Child \$500 <input type="checkbox"/> Option 2: Spouse \$2,000/Child \$1,000		<b>Spouse/Child: Basic plus Supplemental Life</b> <input type="checkbox"/> Option 1: Spouse \$2,000/Child \$1,000 <input type="checkbox"/> Option 2: Spouse \$4,000/Child \$2,000	
<input type="checkbox"/> No coverage chosen		<input type="checkbox"/> No coverage chosen	

Group Life, and Accidental Death and Dismemberment coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the certificate will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.  
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**Employee General Information**

Last Name	First Name	Middle Initial	Social Security No. ____ - ____ - ____
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**Acceptance or Waiver of Coverage**

- ☐ I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. To the best of my knowledge and belief, I declare the statement above is true and understand it is the basis for determining the monthly contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.
- ☐ I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.

**FOR RESIDENTS OF ALL STATES EXCEPT ALABAMA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, MARYLAND, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, UTAH, VERMONT, VIRGINIA AND WASHINGTON; WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

**ALABAMA RESIDENTS –** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**DISTRICT OF COLUMBIA and RHODE ISLAND RESIDENTS—**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**KENTUCKY RESIDENTS—**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**MARYLAND RESIDENTS -** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY RESIDENTS—**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**PENNSYLVANIA AND UTAH RESIDENTS—**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**VERMONT RESIDENTS—**Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**VIRGINIA RESIDENTS—**Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

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**Employee General Information**

Last Name _____	First Name _____	Middle Initial _____	Social Security No. _____ - _____ - _____
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**FLORIDA RESIDENTS**—Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**NEW YORK RESIDENTS**—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This warning ONLY applies to accident and disability coverage.

**WASHINGTON RESIDENTS**—Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.

Employee Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse or Domestic Partner Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Michigan and Minnesota Residents only—Dependent Consent for Coverage:** If you wish to enroll your spouse and/or dependent child(ren) 18 years of age or older for dependent life or accidental death and dismemberment insurance coverage, your spouse and each child must acknowledge consent for coverage.)

Child Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

**You must also complete a separate beneficiary designation form.**



**Prudential**

**Employee General Information**
**Page 1 of 2**

Last Name	First Name	Middle Initial	Social Security No. ____ - ____ - ____
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**Employee/Applicant Beneficiary Designations (to be completed by employee/applicant or assignee, if assigned)**

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than two primary beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

**Employee Term Life & AD&D— Primary beneficiaries:**

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	<b>Entity Name:</b>	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip
Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	<b>Entity Name:</b>	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

**Employee Term Life & AD&D —Contingent Beneficiary Designation -** Death benefits will be paid to the contingent beneficiaries if the primary beneficiary(ies) is not alive. Use a separate sheet if you want to name more than two contingent beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields.

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	<b>Entity Name:</b>	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip
Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	<b>Entity Name:</b>	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip



**Employee General Information****Page 2 of 2**

Last Name	First Name	Middle Initial	Social Security No.
_____	_____	_____	____ - ____ - ____

The above beneficiary designation only applies to:

☐ Basic Term Life/AD&D   ☐ Basic plus Supplemental Term Life/AD&D

**Employee Signature** \_\_\_\_\_ **Date (mm/dd/yyyy)** \_\_\_\_\_

If you have any questions, please see Human Resources for details.

Group Term Life and Group AD&D coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 800-524-0542. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract series: 83500. Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.



